

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

**HAND DELIVERED**

RECEIVED

2014 OCT 15 PM 3:44  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

International Chiropractors Association Political Action Committee

ADDRESS (number and street)

6400 Arlington Boulevard



Check if different  
than previously  
reported. (ACC)

Suite 800

Falls Church

VA

22042

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00329920

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ronald M. Hendrickson, Assistant Treasurer

Signature of Treasurer

*Ronald M. Hendrickson*

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

International Chiropractors Association Political Action Committee

Report Covering the Period:

From:

07 / 01 / 2014

To:

09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		38,861.65
(b) Cash on Hand at Beginning of Reporting Period.....	36,492.53	
(c) Total Receipts (from Line 19) .....	1,110.00	4,480.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	37,602.53	43,341.65
7. Total Disbursements (from Line 31) .....	3,645.00	9,384.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	33,957.53	33,957.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

International Chiropractors Association Political Action Committee

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2014

To:

MM / DD / YYYY  
09 / 30 / 2014

## I. Receipts

### COLUMN A Total This Period

### COLUMN B Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other  
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

1,110.00

1,110.00

1,110.00

1,110.00

1,110.00

4,480.00

4,480.00

4,480.00

4,480.00

4,480.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	3,645.00	8,384.12
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		1,000.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3,645.00	9,384.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	3,645.00	9,384.12

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-**  
**penditures**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
34. Total Contribution Refunds  
(from Line 28(d)) .....
35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....▶
37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....▶

1,110.00
-----
1,110.00
3,645.00
-----
3,645.00

4,480.00
-----
4,480.00
8,384.12
-----
8,384.12

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 2

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PNC Bank

Date of Disbursement

Mailing Address

402 West Broad Street

07 / 08 / 2014

City

Falls Church

State

VA

Zip Code

22042

Purpose of Disbursement

operating expense bank fee

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

3.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Administration

B. PNC Bank

Date of Disbursement

Mailing Address

402 West Broad Street

08 / 08 / 2014

City

Falls Church

State

VA

Zip Code

22042

Purpose of Disbursement

operating expense bank fee

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

3.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Administration

C. PNC Bank

Date of Disbursement

Mailing Address

402 West Broad Street

09 / 07 / 2014

City

Falls Church

State

VA

Zip Code

22042

Purpose of Disbursement

operating expense bank fee

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

3.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Administration

SUBTOTAL of Disbursements This Page (optional).....

9.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 2

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. US Postal Service

Date of Disbursement

Mailing Address

800 West Broad Street

City

Falls Church

State

VA

Zip Code

22042

Purpose of Disbursement

postage for member mailing

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

136.00

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) ▼

operating expense

State:

District:

Full Name (Last, First, Middle Initial)

B. International Chiropractors Association

Date of Disbursement

Mailing Address

6400 Arlington Blvd. Suite 800

City

Falls Church

State

VA

Zip Code

22041

Purpose of Disbursement

software expense reimbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

3,500.00

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) ▼

operating expense

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:


District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8,384.12

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input checked="checked" type="checkbox"/> Hand Delivered	Date of Receipt 10/15/14
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (8/2013)	10/15/14 DATE PREPARED